

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13918

FILED APR 27 1953

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5466		Registrar's No. 394-A	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, CAMPBELL TOWNSHIP		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, CAMPBELL TOWNSHIP			
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE # 9 SPFLD. MO.				d. STREET ADDRESS (If rural, give location) ROUTE # 9 SPFLD. MO.			
3. NAME OF DECEASED (Type or Print) LULA		a. (First)		b. (Middle) DICKENSHEET		c. (Last)	
4. DATE OF DEATH APRIL 17, 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED WIDOWED	
8. DATE OF BIRTH APRIL 30 1876		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) GREENE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN BECKER		13b. MOTHER'S MAIDEN NAME LATRITIA SIMAN	
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME CARL DICKENSHEET	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from April 10, 1953 , to April 17, 1953 , that I last saw the deceased alive on April 17, 1953 , and that death occurred at 9:35 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) W. H. Lohmeyer M.D.		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 4/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/20/53		24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 4-21-53		REGISTRAR'S SIGNATURE Edith Williams		25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER			
				ADDRESS SPRINGFIELD, MO.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 4734

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.